

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

ESTATE OF HECTOR PEREZ, et al.,

Plaintiffs,

vs.

COUNTY OF YOLO, et al.,

Defendants.

Case No.

**DECLARATION OF MONICA PEREZ
RE: CAL. CODE CIV. PROC. § 377.32**

I, Monica Perez, do declare and say:

1. I submit the following declaration concerning my status as the successor-in-interest to Hector Perez, pursuant to section 377.32 of the California Code of Civil Procedure.

2. Hector Perez was born on [REDACTED], 1959, in Mexicali, Mexico.

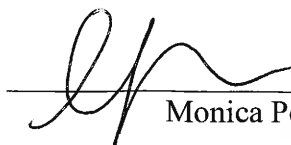
3. No proceeding is now pending in California for administration of the estate of Hector Perez.

4. I am a successor-in-interest to Hector Perez (as defined in section 377.11 of the California Code of Civil Procedure) and succeed to his interest in this action or proceeding. I am the biological daughter of Hector Perez.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Hector Perez in this pending action or proceeding.

6. A true and correct copy of the certified death certificate of Hector Perez is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on April 17, 2023, at Citrus Heights, California.



Monica Perez

COUNTY OF YOLO

WOODLAND, CALIFORNIA 95695

3052023046989

CERTIFICATE OF DEATH

3202357000168

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) HECTOR		2. MIDDLE VALDEZ	
3. LAST (Family) PEREZ		4. DATE OF BIRTH mm/dd/ccyy 959 63	
5. AGE Yrs 63		6. SEX M	
7. UNDER ONE YEAR Months Days		8. UNDER 24 HOURS Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY BC, MX		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LNK		12. MARITAL STATUS/SRDP* (at time of death) DIVORCED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 11		14. DATE OF DEATH mm/dd/ccyy 02/14/2023	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LNK		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) MEXICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LANDSCAPER		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) BUSINESS OWNER	
19. YEARS IN OCCUPATION 10		20. DECEDENT'S RESIDENCE (Street and number, or location) 3088 COUNTY ROAD 88 C	
21. CITY DUNNIGAN		22. COUNTY/PROVINCE YOLO	
23. ZIP CODE 95937		24. YEARS IN COUNTY 2	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MONICA PEREZ, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST ANTONIO		32. MIDDLE -	
33. LAST PEREZ		34. BIRTH STATE BC, MX	
35. NAME OF MOTHER/PARENT - FIRST MARGARET		36. MIDDLE -	
37. LAST (BIRTH NAME) VALDEZ		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/ccyy 03/22/2023		40. PLACE OF FINAL DISPOSITION RESIDENCE OF MONICA PEREZ	
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT WOODLAND FUNERAL CHAPEL	
45. LICENSE NUMBER FD1784		46. SIGNATURE OF LOCAL REGISTRAR AIMEE SISSON, MD, MPH	
47. DATE mm/dd/ccyy 03/06/2023		101. PLACE OF DEATH OUTSIDE OF TRAILER	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P. <input type="checkbox"/> ER/UP <input type="checkbox"/> DUA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/CLC <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
104. COUNTY YOLO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3088 COUNTY ROAD 88C	
106. CITY DUNNIGAN		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. NO NOT ABBREVIATE. (A) GUNSHOT WOUND OF TORSO	
108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 23-00122		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (CT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116. LICENSE NUMBER [REDACTED]		117. DATE mm/dd/ccyy [REDACTED]	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE (A) mm/dd/ccyy (B) mm/dd/ccyy		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LNK		121. INJURY DATE mm/dd/ccyy 02/14/2023	
122. HOUR (24 Hours) 1237		123. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.) OTHER OUTSIDE OF TRAILER	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) DECEDENT SHOT DURING LAW ENFORCEMENT INVOLVED INCIDENT		125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 3088 COUNTY ROAD 88C, DUNNIGAN, CA 95937	
126. SIGNATURE OF CORONER / DEPUTY CORONER LAUREL WEEKS		127. DATE mm/dd/ccyy 02/23/2023	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER LAUREL WEEKS, DEP CORONER		129. STATE REGISTRAR A	
130. STATE REGISTRAR B		131. STATE REGISTRAR C	
132. STATE REGISTRAR D		133. STATE REGISTRAR E	
134. STATE REGISTRAR F		135. STATE REGISTRAR G	
136. STATE REGISTRAR H		137. STATE REGISTRAR I	
138. STATE REGISTRAR J		139. STATE REGISTRAR K	
140. STATE REGISTRAR L		141. STATE REGISTRAR M	
142. STATE REGISTRAR N		143. STATE REGISTRAR O	
144. STATE REGISTRAR P		145. STATE REGISTRAR Q	
146. STATE REGISTRAR R		147. STATE REGISTRAR S	
148. STATE REGISTRAR T		149. STATE REGISTRAR U	
150. STATE REGISTRAR V		151. STATE REGISTRAR W	
152. STATE REGISTRAR X		153. STATE REGISTRAR Y	
154. STATE REGISTRAR Z		155. STATE REGISTRAR AA	
156. STATE REGISTRAR AB		157. STATE REGISTRAR AC	
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162. STATE REGISTRAR AH		163. STATE REGISTRAR AI	
164. STATE REGISTRAR AJ		165. STATE REGISTRAR AK	
166. STATE REGISTRAR AL		167. STATE REGISTRAR AM	
168. STATE REGISTRAR AN		169. STATE REGISTRAR AO	
170. STATE REGISTRAR AP		171. STATE REGISTRAR AQ	
172. STATE REGISTRAR AR		173. STATE REGISTRAR AS	
174. STATE REGISTRAR AT		175. STATE REGISTRAR AU	
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178. STATE REGISTRAR AX		179. STATE REGISTRAR AY	
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182. STATE REGISTRAR BB		183. STATE REGISTRAR BC	
184. STATE REGISTRAR BD		185. STATE REGISTRAR BE	
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196. STATE REGISTRAR BP		197. STATE REGISTRAR BQ	
198. STATE REGISTRAR BR		199. STATE REGISTRAR BS	
200. STATE REGISTRAR BT		201. STATE REGISTRAR BU	
202. STATE REGISTRAR BV		203. STATE REGISTRAR BW	
204. STATE REGISTRAR BX		205. STATE REGISTRAR BY	
206. STATE REGISTRAR BZ		207. STATE REGISTRAR CA	
208. STATE REGISTRAR CB		209. STATE REGISTRAR CC	
210. STATE REGISTRAR CD		211. STATE REGISTRAR CE	
212. STATE REGISTRAR CF		213. STATE REGISTRAR CG	
214. STATE REGISTRAR CH		215. STATE REGISTRAR CI	
216. STATE REGISTRAR CJ		217. STATE REGISTRAR CK	
218. STATE REGISTRAR CL		219. STATE REGISTRAR CM	
220. STATE REGISTRAR CN		221. STATE REGISTRAR CO	
222. STATE REGISTRAR CP		223. STATE REGISTRAR CQ	
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